

HALTON SAFEGUARDING ADULTS BOARD

FRIDAY, 15 JULY, 2016 AT 10AM

HALTON SUITE, SELECT SECURITY STADIUM, WIDNES

PR	ES	EN	IT	:

PRESENT:	Audrey Sue Marie Tom Angela Jimmy Karen Jo Hitesh Tracey Diane Katy Helen David Dot Jan Dawn Steve Helen Mark Emma	Wallace-Bonner Wright Baker Madigan Bush Snasdell Harrison-Smith Patel	Independent Chair Halton Borough Council (HBC) HBC Healthwatch Halton WHH HBC Cheshire Police Human Support Group (representing Fiona Tate) Healthwatch & Citizen Advice Halton Halton Borough Council St Helens & Knowsley - Whiston HBC HBC Family Carer Bridgewater NHS Halton Clinical Commissioning Group Age UK MM 5Boroughs Partnership Halton CCG SHAP Cheshire Fire Service
In attendance:	Denise	Taylor	HBC (Minutes)
	Lisa	Birtles-Smith	Clinical Lead Nurse, Halton CCG
	John	Abbott	Halton Disability Partnership
APOLOGIES:	Angela	Green	Bridgewater CHC NHS Foundation Trust
	Viv	Culleton	Halton Haven Hospice
	Deana	Perchard	Trading Standards, HBC
	Marion	Robinson	HBC
	Jane	Baker	Riverside College
	Chris	Gwenlan	National Probation Service

Donna Yates Fiona Tate

		ACTION
1	Apologies	
	Apologies were noted as above and those members present introduced themselves to the rest of the Board.	
2	Mazar's Report : Review of Premature Deaths for People with Mental Health issues or Learning Disabilities	
	Lisa Birtles-Smith, Clinical Lead Nurse, Halton Clinical Commissioning Group (HCCG) attended the meeting to provide HSAB members with an overview of the findings, and recommendations from the Southern Health report (Mazar Report) following the death of CP in July 2013.	
	HCCG needs to be assured that the organisation from which it commissions services have effecting safeguarding in place. Safeguarding is part of the standard NHS contract and HCCG employ a range of performance measures to seek assurance from providers to demonstrate compliance with safeguarding duties. Under reporting of the deaths of people with learning disability (including on non-Trust) premises, 30% of Adult Mental Health Services deaths were investigated as a Serious Incident, yet for patients with a learning disability less than 1% of deaths were investigated as a Serious Incident. At a Safeguarding meeting chaired by a Safeguarding Nurse, HCCG we have been looking at themes locally; one of the concerns from the Mazars that occurred is the death of a young man aged 21yrs and we have started that process to see if there are any lessons we can learn from this.	
	In relation to the Runcorn Analysis Multi Agency Review, this will be reported into the CCG through the Quality Committee, and this Board will receive the outcome.	
	Jan reported that a National Review of all Learning Disabilities deaths, early deaths, has commenced; however from a CCG point of view this feels like it will be less effective. If there are any themes locally, the process used for this young man will be followed and this will be carried out in a timely way, however we may receive a challenge from NHS England; we need local assurance and Jan will report this in terms of HSAB expectation.	
	Tom Baker raised concern in relation to the lack of involvement of the family and emphasised that families need to be heard locally. Jan confirmed that the family have been involved with the work that Lisa is carrying out. On the basis of the Mazars, the family did have the	

		ACTION
	opportunity to become involved in the process.	
	Steve Hull reported that a review of the serious incident process has taken place and they are currently considering implementing a Mortality Review Group. Weekly meetings take place with the Chief Nurse and all Senior Managers where more significant reviews are being picked up.	
	Sue advised that within the Independent Sector they are focusing upon the Mazars recommendations, and looking at those people being discharged from the Trust. In relation to Cheshire and Merseyside their reviews will also come through the designated nurses and safeguarding teams.	
	Members of the Board noted and discussed the report and agreed that Lisa would provide an update report at the next Board meeting in October.	LBS
3	TT Serious Case Review	
	Lisa Birtles-Smith circulated this item for information and briefly explained the background of the decision to detain TT under the Mental Health Act and place him in Greenways Assessment and Treatment Unit in Macclesfield. What led to the decision to detain TT under the Mental Health Act? How appropriate was the assessment, treatment and care of TT whilst he was placed at Greenways? The review highlighted a lack of co-ordination from In-patient services. TT is now doing well in Recovery First.	
	Jackie Rooney, NHS England is working with designated nurses and a full report will be produced shortly. Lisa explained that our direction of travel is looking at transition and also consider an alerting system. The reviews of those individuals out of borough needs to be across all agencies; if someone has to go out of borough, then regular reviews are carried out.	
	Jan advised that the Integrated Team have a robust system in place; Anna Marie Jones is doing a piece of work around mental health services as part of the review and suggested Helen Moir to link in with Anna Marie to extract some of the key recommendations.	НМ
	Tracey Coffey advised that there is a meeting in relation to an all age disability service to focus initially on transition, to track people effectively and support young people and parents to move forward.	
	It was noted that through ADASS an alert system is already in place, however it was suggested streamlining one system in Halton; therefore, it was agreed that Helen Moir would arrange to meet with	HM/HS

		ACTION
	Helen Smith to consider a solution and report back in October. It was agreed that Jan would also discuss with Lisa and Anna Marie. Thanks were conveyed to Lisa.	JS
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4	Involvement of Service Users in Halton Safeguarding Adult Board John Abbot, Manager from Halton Disability Partnership (HDP) attended the meeting to discuss the various methods used to ensure the voice of the service user is heard. John explained that Halton Disability Partnership employs a co-production worker who manages the Old Town Labour group, which is funded from HDP and is now borough wide. In relation to safeguarding and direct payments views from service users are received. There is a recommendation to organise an annual event, and produce a quarterly newsletter including new developments to access services. Service Users are unaware of the Safeguarding Board, so it would be useful to have access to the Safeguarding newsletter.	
	Discussion followed around including service users in a meeting like this and John felt that it would be very daunting for a service user; it always appears to be the same three people who volunteer to attend meetings. However, he has had some discussions about de- formalising the process. Tracey Coffey said the Children's Trust had similar issues and it was de-formalised, i.e. looked at the time and venue and it was structured around what is working well, what do you thing we need to improve and young people and parents were confident in structuring the agenda differently and it is now working very well. Dawn Kenwright commented that Halton Open do a similar thing and suggested more joined up working in the borough, if resources were pooled together then this could have effective outcomes, thus joining up with HDP, CCG and Healthwatch to get the feedback into the Council.	
	Hitesh felt that not everyone wants to be associated with a group, and want to live on their own with their families. A suggestion would be for someone to do a piece of research analysing the data and produce a quarterly update at this Board.	
	Halton Disability employs 300 PAs and 300 service users who have personal budgets, therefore they do not have the resource to get them all together and this would pose a challenge.	
	The Board agreed that Healthwatch Halton would co-ordinate the groups to discuss engagement of Safeguarding and more joined up working with other agencies to include Halton Disability Partnership, Halton Open, Halton CCG, Halton BC, Halton Carers Centre. Hitesh to provide report at next Board meeting in October outlining some	

		ACTION
	proposals.	HP
	Thanks were conveyed to John for his helpful information.	
5	Minutes of last meeting & matters arising	
	The minutes from the last meeting were agreed as a true and accurate record. There were no matters arising.	
	The Action Log was updated accordingly. It was agreed that members would confirm with Denise when their action is completed.	
9	Restructure of SAB (This agenda item was brought forward)	
	Helen Moir provided HSAB members with a proposal regarding a restructure of the Board and its membership. Following the HSAB Development Session held in March, 2016 it was agreed that the current membership of the Board should be reviewed; concerns were raised as to whether the current membership of HSAB is too large and therefore impacting on the effectiveness of the Board and how it operates. Helen proposed the following:	
	 To note and comment on the HSAB restructure and membership Support the implementation for the restructure from September 2016 Agree the Strategic Plan Agree the recruitment of a Board Manager Consider and discuss future funding arrangements for the HSAB 	
	HSAB members discussed and noted the contents of the report and agreed the following membership subject to amendments:	
	 <u>Halton Safeguarding Adult Board</u> Membership of HSAB agreed plus a designated nurse 	
	 Health Sub Group Remove NHSE England Representative Tracey Holyhead, designated for children, Adults and Looked After Children, other providers who we call in as required, i.e. Alder Hey Wellbeing and Enterprise Services - From a primary care perspective GPs – Partnership Forum North West Ambulance Service to be included 	
	 <u>Partnership Forum</u> Audrey agreed to chair the Partnership Forum for 12 months Public Health have agreed to sit on the Partnership Forum and 	

		ACTION
	 also agreed to lead and develop the Prevention Strategy Include Public Health and Wellbeing Enterprises/Health Improvement Advocacy in its statutory form to be included 	
	The Inaugural Health Sub Group has been arranged for the 11 th August. The Inaugural Partnership Forum will commence in September, date to be agreed. The main Halton Safeguarding Adults Board will continue in October in its new format.	
6	Recovery First CQC	
	Jimmy Bush presented the summary of findings to HSAB members describing the judgement of the quality of care provided within this core service by Greater Manchester West Mental Health NHS Foundation Trust. The judgement is based on a combination of what was found when inspected, information from 'Intelligent Monitoring' system, and information given from people who use services, the public and other organisations.	
	The findings of the inspection overall was good. Jimmy highlighted the key points:	
	 Highest percentage of mandatory training for its staff across the trust People able to attend meetings, one individual going to Panel to request extended leave, psychiatrist provided a reference, it's about reintroducing people into the community 	
	 Seclusion room Very positive report Worked very closely with the LA Meetings take place with representative from the Safeguarding Unit, which is addressed on a weekly basis 	
	Both Audrey and Jan will be invited to a future meeting.	
7	Making Safeguarding Personal : Update	
	Helen Moir provided HSAB members with a brief overview of the programme 'Making Safeguarding Personal' and its progress in Halton. MSP is a change of process and a long history with Making Safeguarding Personal. Initial pilot to place in 2014, however since then the Care Act and its statutory duties has been introduced. This is part of the Performance Framework going forward. The next step is to audit how 'Making Safeguarding Personal' is embedded within the Framework. The Safeguarding Unit will carry out monthly audits with themes being identified; however it is in it's infancy at this stage.	

		ACTION
	Sue Wallace-Bonner informed the meeting that when there are safeguarding investigations, they are carried out jointly with health and the process is carried out in the same way. Providers and Care Homes are aware that we are doing things differently. In terms of wider work being carried out, family members attend network meetings which also include health staff. Dawn Kenwright shared a sensitive case in relation to the poor state of an elderly person's living conditions; a member of staff from Age UK reported this to social services and asked for GP details, but they declined; a colleague in the GP surgery is picking up the case. It would be beneficial if organisations had some guidance/training to deal with situations like this. Unfortunately, this is a continual dilemma of what we see every day. It's not about the paperwork, it is about the outcome and sharing and working together. Tom suggested that advice should be brought to Safeguarding as he felt that it is how the issue is dealt with initially. Dawn would discuss further with Jimmy Bush outside of this meeting.	DK/JB
8	JSNA Safeguarding Chapter	
	Katy Rushworth presented the Halton Joint Strategic Needs Assessment 2015/16. Katy explained that she was approached by the Health Improvement Team, and wrote out to SAB members to include their own service provision to inform the document. All amendments to-date have now been received and incorporated into the document. Katy seeks approval from the Board for sign-off, in order that Sharon McAteer from Public Health can share the document.	
	The Board agreed ratification of the JSNA subject to the following amendments:	
	 Typographical errors to be rectified Katy to check with Sharon/team re: correct figures in tables 	
	Audrey on behalf of the Board thanked Katy for all her hard work.	
10	DoLS Update (Standing Item)	
	Jimmy Bush updated Board HSAB members and highlighted the key issues with respect to Deprivation of Liberty Safeguards (DoLS).	
	The Law Commission developed proposals to replace the current system which it consulted widely at various events across the country. These recommendations proposed the introduction of a three tier scheme which is called Protective Care. It also proposed the	

		ACTION
	introduction of the Approved Mental Capacity Professional (AMCP) to replace the current role of the Best Interest Assessor. However, following the consultation period on the 25 th May, 2016, the Law Commission released an Interim Statement with the final Statement expected in December this year.	
	HSAB members discussed and noted the contents of the report and welcome the final Statement in December.	JB
11	Draft Strategic Plan (Business Plan)	
	Katy Rushworth presented the Draft Strategic Plan (Business Plan) and explained that this is the first Halton SAB Strategic Plan that has been developed under the new appointed Independent Chair of the Board, Audrey Williamson. The Strategic Plan highlights the priorities of the Board for the forthcoming year and the objectives we wish to achieve under these priority areas.	
	Following the Awayday in March some key areas of work and key actions were identified, as follows:	
	 Strengthening the board Quality assurance Making Safeguarding Personal 	
	Katy talked through the action plan and highlighted the key actions; it was agreed that once leads were identified and groups are up and running then the action plan would be populated to include leads and timescales.	
	Board members noted and discussed the contents of the report and some concern was raised around having a clear reporting Performance Framework and a Training Strategy, and the need to be clear about individual roles. It was advised that a Board Manager will be appointed shortly with an advert going out within the next couple of weeks.	
	The Action Plan does identify key lead officers or sub groups for leading on each action, however it was agreed that actions (once agreed) from the health sub group and Partnership Forum need to be included.	KR
12	Performance Framework	
	Helen Moir provided HSAB with a proposal regarding the development of a Performance Framework, following discussions at the HSAB Development Session held in March 2016, it was felt that the development of a performance framework would be beneficial and	

		ACTION	
	informative for the work of the Board. Helen asked members of the Board to:		
	 i) Consider and agree the development of a Performance Framework ii) Consider performance measures that could be included in the 		
	framework Jan Snoddon reported that in terms of the Fire Service, have locally One Halton and five work-streams. Jan explained that the Fire Service are sitting on three work-streams, e.g. long-term conditions, frail/elderly which Jan chairs, the Fire Service are doing a lot of work. Emma Coxon, Cheshire Fire Service went onto explain that as from the 1 st October their work-stream will also include alcohol and blood pressure. They will be visiting everyone over the age of 65yrs who is discharged from hospital, which will be called 'Safe and Well Visit'. The majority of calls they receive are in relation to falls, the numbers could be up to approx. 1800 people a month in Cheshire West and Chester. Cheshire West and Chester needs to be part of the		
	Performance Framework. Members of the Board noted and discussed the contents of the report and agreed to the development of a Multi-Agency Performance Framework.		
13	Updates from Partner Agencies / Information Exchange		
	 Cllr Marie Wright – The Health and Wellbeing Board received a very informative presentation from the Fire Service Mark Weights - The Law Centre, Health through Crisis has secured some funding from the Big Lottery, previously mentioned in the Halton Engagement Partnership; part of their role will be mentoring and working in the community Katy Rushworth is currently working on drafting the Annual Report for SAB and has received contributions from the National Probation Service, Healthwatch, North West Ambulance Service St Helens and Knowsley, Trading Standards; therefore if you haven't sent contributions, please do so asap to enable finalisation for the next meeting in October Helen Moir – Liverpool City Region are trying to bring together North West Policies & Procedures; Helen will keep the Board updated Jimmy Bush gave feedback from Operation Hornsman; Halton and Warrington were targeted in relation to Car Washes, 123 people were interviewed, Safeguarding were not required, however it has thrown up a lot of issues. Another one will be carried out in October 	ALL	

		ACTION
	 Steve Hull – CQC Inspection feedback received last week, Chief Executive gave satisfactory verbal feedback on Tuesday Dot Keates - Awaiting CQC reports, should be received by October/November – bring to next Board Emma Coxon – the Fire Service will cover bowel screening from 1st October Tracey Coffey – Re: Domestic Abuse, update from ADASS, there has been significant increase in domestic violence reporting. Services has called some pressure in changing lives, the pilot for the IVCA was well received, report due to come to HDAF. Joint Target Area Inspection (JTIES) next theme from September is Domestic Abuse, from children's lens, it will have possible implication as adult's victims and perpetrators supported. HDAF still concerned about level of training from providers/agencies, still significant gaps, if we have a JTIE this will trigger some concerns for inspections. Gap for perpetrator programmes will be discussed further in HDAF. TC will bring report to SAB around end of year to include data and issues Jan Snoddon – At the Quality Surveillance Group run by NHSE, some safeguarding theme reports are fed through this group; Jan suggested a representative from this group attend the SAB 	TC JS
14	Information Items	
14.1	Healthwatch Halton Annual Report Hitesh Patel updated the Board on developments within Healthwatch Halton. Matt Roberts is currently the Interim Manager for Healthwatch Halton; the contract is up for review and renewal. In the process of developing closer links with partners, collecting information in a multi- agency way, and have been supported by Steve Eastwood, Commissioning Manager, HBC and Jan Snoddon, should start seeing some changes, producing a quarterly newsletter relevant to key stakeholders, doing some joint research. Working with Age UK, and CAB and sent out survey form to its members. Jan said that CCGs difficulty is getting people to tell us about concerns, they will write and complain. We need to get a better understanding of issues and concerns as early as possible as part of the Prevention Agenda. Healthwatch Halton 'Enter and Views' have been very helpful and positive; it is important to work as a partnership, and Healthwatch Halton is a critical partner in terms of safeguarding.	
15	Any Other Business	
15.1	<u>Long-term Segregation</u> Northamptonshire Safeguarding team maintain records regarding any persons in long-term segregation within mental health services. This is a requirement that came out of the updated MHA Code of Practice.	

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			o in Halton. Helen will email o be reported at next Board.	НМ	
16	Date & Time of Next Meeting				
	Friday, 21 October, 2016 10am Halton Suite, Select Security Stadium				
	Date	Time	Venue		
	Fri, 20 January, 2017	10am – 12noon	Halton Suite, Select Security Stadium		
	Audrey thanked membe	rs of the Board for	their contribution into the me	eting.	